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Application Number	10/730,567
Filing Date	December 8, 2003
First Named Inventor	Joan M. Fallon
Title	METHODS FOR DIAGNOSING AND TREATING DYSAUTONOMIA AND OTHER DYSAUTONOMIC CONDITIONS
Art Unit	1655
Examiner Name	Leith, Patricia A.
Attorney Docket Number	41012-700

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith
or filed on

SIGNATURE of Applicant or Assignee of Record

Signature

Date

Name

Joan M. Fallon

Telephone

Title and Company

Chief Executive Officer, CUREMARK LLC

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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